

## **Item W07-04 Response Form**

**Title:** *Confidential CLETS Information (Civil Harassment)* (adopt form CH-102)

- ☐ **Agree** with proposed changes
- ☐ **Agree** with proposed changes **if modified**
- ☐ **Do not agree** with proposed changes

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

☐ **Commenting on behalf of an organization**

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

Please **write** or **fax** or **respond using the Internet** to:

**Address:** Ms. Romunda Price,  
Judicial Council, 455 Golden Gate Avenue,  
San Francisco, CA 94102  
**Fax:** (415) 865-7664      **Attention:** Romunda Price  
**Internet:** [www.courtinfo.ca.gov/invitationstocomment](http://www.courtinfo.ca.gov/invitationstocomment)

<b>DEADLINE FOR COMMENT:</b> 5:00 p.m., Friday, January 26, 2007
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Your comments may be written on this *Response Form* or directly on the proposal or as a letter. If you are not commenting directly on this sheet please remember to attach it to your comments for identification purposes.

*Circulation for comment does not imply endorsement by the Judicial Council or the Rules and Projects Committee.*  
*All comments will become part of the public record of the council's action.*

## Invitation to Comment W07-04

Title	<b><i>Confidential CLETS Information (Civil Harassment)</i></b> (adopt form CH-102)
Summary	A new mandatory form would be adopted for persons seeking protective orders in civil harassment cases to provide courts and law enforcement agencies with confidential information about the person to be protected and the person to be restrained.
Source	Civil and Small Claims Advisory Committee Hon. Lee Smalley Edmon, Chair
Staff	Patrick O'Donnell, Committee Counsel, 415-865-7665, patrick.o'donnell@jud.ca.gov Lisa Leebove, Senior Attorney, 415-865-8933, lisa.leebove@jud.ca.gov
Discussion	<p>The proposed new <i>Confidential CLETS Information</i> (form CH-102) would enable persons seeking a protective order to provide confidential information about themselves and the persons to be restrained in civil harassment prevention cases. The form would ensure that courts and law enforcement agencies have important information about the parties, that this information will be kept confidential, and that it will be used only for appropriate purposes by courts and law enforcement agencies.</p> <p>This form is based on existing form DV-260, used by petitioners to provide confidential information in domestic violence prevention cases, and form EA-102, used by petitioners to provide confidential information in cases to prevent elder and dependent adult abuse. This new form will ensure that comparable confidential information is available relating to petitions in civil harassment prevention cases.</p>
	Attachment

**CH-102****Confidential CLETS Information**

## California Law Enforcement Telecommunications System (CLETS) Information Form

**Important Notice:** This form **MUST NOT** become part of the public court file. It is **confidential and private**. It can be used by the court or a law enforcement agency to enter a restraining order in CLETS or to locate the restrained person to serve a restraining order.

**To the Protected Person:** Complete this form and give it to the court clerk. The clerk will send it to CLETS, a statewide computer system that lets police know about your order.

Case number for your restraining order (if you know it): \_\_\_\_\_

**1 Protected Person (name):** \_\_\_\_\_

Sex: ☐ M ☐ F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(mailing address listed on restraining order) (city, state, zip) (telephone number [optional])

Vehicle (type, model, year): \_\_\_\_\_

Vehicle license number and state: \_\_\_\_\_

**2 Restrained Person (name):** \_\_\_\_\_

Sex: ☐ M ☐ F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(residence address) (city, state, zip) (telephone number)

(work place) (occupation/title) (work hours)

(business address) (city, state, zip) (telephone number)

Driver's license number and state: \_\_\_\_\_ Vehicle license number and state: \_\_\_\_\_

Vehicle (type, model, year): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Describe any marks, scars, or tattoos: \_\_\_\_\_

Other names used by the restrained person: \_\_\_\_\_

Describe any guns or firearms you believe the restrained person owns or has access to (number, types, and locations):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3 Other Protected People**

Name	Date of Birth	Sex	Race
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

**Confidential—Do not file in court file.**